

Office Use OnlyDate Received _____ **Copy** _____ **Registration** Amount \$ _____

Check # _____ Received By _____ Receipt # _____

Issue Date _____ FH Reg # _____ Expiration Date _____

**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

PO BOX 142529 Austin, TX 78714

Phone (512) 978-0300 Fax (512) 978-0322

<http://www.austintexas.gov/departments/food-establishment-requirements>**Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)**FOOD HANDLER REGISTRATION APPLICATION**

(Please Print)

Name: _____
Last First

As it appears on the Driver's License or Government issued Photo ID provided to us.

Driver's License or Government Issued Photo ID: _____

Type of ID

ID #

Home Address: _____
Street Apt #

City

State

Zip Code

Mail registration card to: _____
Street Apt #

City

State

Zip Code

Phone Number: _____ **EMAIL:** _____**Date of Birth:** _____**A) _____ Registration Only:** I am certified through an accredited **Texas Department of State Health Services** Food Handler education or training program and need to register with the City of Austin.

Enclosed are the following:

1) \$10.00

2) A copy of my **Food Handler** of certificate from: _____

3) A copy of my current Government issued photo ID

B) _____ Lost: I have lost my Food Handler Registration and need a copy of it.

Enclosed are the following

1) \$5.00

2) A copy of my current Government issued photo ID.

No refunds for any reason after 180 days from receipt of payment.

Cash, Check, Money Order, MasterCard, Visa, Discover, & AMEX Card accepted. Checks payable to *Austin/Travis County Health & Human Services or A/TCHHSD*. PO Box 142529, Austin, Texas 78714. Or fax application & credentials to 978-0322 & pay by phone at 978-0300.**Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance.

Applicant's Signature

Print Name

Date